STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Application for <u>Certification</u> as a <u>Children's</u> Mental Health Case Manager

Under the provisions of the Utah Department of Human Services, I hereby make application to the Utah State Division of Substance Abuse and Mental Health, for certification as an Adult Case Manager.

<u>PLEA</u>	SE PRINT					
1.	Name (Last Name, First, Initial)					
2.	Name of Agency or Facility Where Employed					
	Business Address (Street/P.O. Box)					
	(City/State/Zip) Business Phone Number:					
3.	Highest level of education achieved:					
4.	Highest degr	Highest degree attained and field of study:				
5.		nsed in the State of Utoplease indicate: Name of License	ah? (Please Circle)	YES	NO	
	b.	License Number				
	c.	Expiration Date of I	License			
	d.	Professional Field				
6.	Briefly describe training in the field of mental health, specific to case management, which you have received within the past three years, including places, inclusive of dates and types of training provided					
7.	WHEN COMPLETED, PLEASE MAIL TO: DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH, ATTENTION: Robert H. Snarr, MPA, LPC, NCC, Utah Department of Human Services, State Division of Substance Abuse and Mental Health, 120 N. 200 W #209 Salt Lake City, UT 84103					
Signature of Applicant:			Date:	Date:		
	•	the applicant has com	plied with all require	ments, which	include practicum and	
examination.				Even	Evam Score	